## Best Available Copy

Application or Docket Number

0

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |   |   |                                       |              |                               |                  |         | SMALL ENTITY TYPE OR                    |   |    | OTHER THAN<br>SMALL ENTITY              |                        |
|---|---|---|---------------------------------------|--------------|-------------------------------|------------------|---------|---|---|----|---|------------------------|
| TOTAL CLAIMS  |   |   |                                       |              | _                             | 200              |         | RATE                                    | FEE                                     |    | RATE                                    | FEE                    |
| FOR   |   |   | NUMBER FILED                          |              | NUMBER EXTRA                  |                  |         | BASIC FEE                               | 355.00                                  | OR | BASIC FEE                               | 710.00                 |
| TOTAL CHARGEABLE CLAIMS   |   |   | <b>⊋</b>                              |              | • 4                           |                  |         | X\$ 9=                                  |   | OR | X\$18=                                  | 72                     |
| INDEPENDENT CLAIMS  |   |   | ( O minus 3 =                         |              | 7                             |                  |         | X40=                                    |   | OR | X80=                                    | 560                    |
| MUI   | TIPLE DEPENI  | DENT CLAIM P                              | RESENT                                |              |                               |                  |         | +135=                                   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | OR | +270=                                   | ,                      |
| * If  | the difference  | in column 1 is                            | less than zero, enter "0" in column 2 |              |                               |                  | ı       | TOTAL                                   |   | OR | TOTAL                                   | 1367                   |
| CLAIMS AS AMENDED - PART II   |   |   |                                       |              |                               |                  |         |   |   |    | OTHER THAN                              |                        |
|   |   | (Column 1)                                |                                       |              |                               | (Column 3)       |         | SMALL                                   |   | OR | SMALL                                   |                        |
| ENT A   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | and the second                        | NUM<br>PREVI | HEST<br>IBER<br>OUSLY<br>FOR  | PRESENT<br>EXTRA |         | RATE                                    | ADDI-<br>TIONAL<br>FEE                  |    | RATE                                    | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT   | Total   | *   | Minus                                 | **           |                               | =                | . 2     | X\$ 9=_                                 | <br>                                    | OŖ | X\$18= -                                |                        |
| AME   | Independent   | NTATION OF M                              | Minus                                 | ***          | T CL AIM                      | =                | -       | X40=                                    |   | OR | X80=                                    |                        |
|   | FINOT FRESE   | NTATION OF IN                             | ULTIPLE DE                            | CINDLIA      | I OLAIIVI                     |                  |         | +135=                                   |   | OR | +270=                                   |                        |
|   |   |   |                                       |              |                               |                  | ı       | TOTAL<br>ADDIT. FEE                     |   | OR | TOTAL<br>ADDIT. FEE                     |                        |
|   |   | (Column 1)                                |                                       |              | ımn 2)                        | (Column 3)       |         | A00 == ,                                |   | •  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                        |
| ENT B   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | NUN<br>PREVI | HEST<br>MBER<br>OUSLY<br>FOR  | PRESENT<br>EXTRA |         | RATE                                    | ADDI-<br>TIONAL<br>FEE                  |    | RATE                                    | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT   | Total   | *   | Minus                                 | **           |                               | =                |         | X\$ 9=                                  |   | OR | X\$18=                                  |                        |
| AME   | Independent   | •   | Minus                                 | ***          |                               | <u> -</u>        |         | X40=                                    |   | OR | X80=                                    |                        |
|   | FIRST PRESE   | NTATION OF M                              | ULTIPĻE DEP                           | ENDEN        | T CLAIM                       |                  | ]       | +135=                                   |   | OR | +270=                                   |                        |
|   |   |   |                                       |              |                               |                  | ا.      | TOTAL<br>ADDIT. FEE                     |   | OR | TOTAL<br>ADDIT. FEE                     |                        |
|   |   | (Column 1)                                |                                       |              | ımn 2)                        | (Column 3)       |         | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |   | -  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                        |
| AMENDMENT C   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | NUN<br>PREVI | HEST<br>MBER<br>MOUSLY<br>FOR | PRESENT<br>EXTRA |         | RATE                                    | ADDI-<br>TIONAL<br>FEE                  |    | RATE                                    | ADDI-<br>TIONAL<br>FEE |
|   | Total   | •   | Minus                                 | **           | ····                          | =                |         | X\$ 9=                                  |   | OR | X\$18=                                  |                        |
|   | Independent   | *   | Minus                                 | ***          | T OL 4114                     | =                | $\  \ $ | X40=                                    |   | OR | X80=                                    |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                                       |              |                               |                  |         | +135=                                   |   | OR | +270=                                   |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT FEE |   |   |                                       |              |                               |                  |         |   |   | OR | TOTAL                                   |                        |
| •••   | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |                                       |              |                               |                  |         |   |   |    |   |                        |